

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4662

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1641

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 10 yrs. IN ARIZONA 23 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Phoenix	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	A. STATE Arizona		B. COUNTY Maricopa	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County General Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 117 W. Merrill Ave.			
3. NAME OF DECEASED (TYPE OR PRINT) ETHIE L. FREEMAN	4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed			
6B. NAME OF SPOUSE None	7. DATE OF BIRTH MONTH DAY YEAR April 29 1901	8. AGE (IN YEARS LAST BIRTHDAY) 53	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Restaurant Owner	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		
9B. KIND OF BUSINESS OR INDUSTRY Restaurant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	13. SOCIAL SECURITY NO. Unk.		14. FATHER'S NAME Unk. Moore	
14B. BIRTHPLACE (STATE OR COUNTRY) Unk.		15A. MOTHER'S MAIDEN NAME Annie Harley		15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas		
16. INFORMANT'S SIGNATURE Mrs. Helen O'Gara (dau) Son			17. DATE OF DEATH (MONTH) (DAY) (YEAR) AUGUST 2nd 1954			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			MEDICAL CERTIFICATION (A) Carcinoma Cervix INTERVAL BETWEEN ONSET AND DEATH 1 yro.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 22nd 54, to Aug. 2nd 54, THAT I LAST SAW THE DECEASED ALIVE ON Aug. 2nd 1954, AND THAT DEATH OCCURRED AT 12:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE (DEGREE OR TITLE) Charles E. Lindrum M.D.		22B. ADDRESS Phoenix, Ariz.		22C. DATE SIGNED 8-3-54		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED		
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Aug. 4, 1954		25C. NAME OF CEMETERY OR CREMATORY Wickenburg Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg, Arizona
26A. DATE REC. BY LOCAL REG. 8/4/54		26B. REGISTRAR'S SIGNATURE Beulah Johnston		27A. FLUGEL DIRECTOR'S SIGNATURE C. L. Moore		27B. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA